

Construction Contractor's Capability Statement

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

COMPANY NAME

Frank's Plumbing & Heating Inc.

ADDRESS

2923 Rufina Street

CITY

Santa Fe

STATE

NM

ZIP CODE

87507

PHONE

505-471-4555

FAX

505-438-7240

EMAIL:

Frankssphg@aol.com

PRIMARY CONTACT:

Mark Mares

TYPE OF CONSTRUCTION WORK (Check all that apply)

X General---List Primary Expertise _____

Site Work

Demolition

Exterior Utilities

Paint

Structural

Steel Fencing

Masonry

Mechanical (HVAC/Plumbing)

Carpet

Roofing

Building

Electrical

Mechanical

Clean Room

Fire Protection

Nuclear Facility

COMPANY PROFILE:

How many years has your organization been in a business as a construction contractor?

31 years

How many years has your organization been in the construction business under its present business name?

31 years

Under what former names has your organization operated?

N/A

List the names and titles of the key individuals of your organization, years with firm, educational training and qualifications.

Frank Mares – Owner – President 31 years

Mark Mares – Vice President 20 years

William Mares – Vice President 28 years

List the categories of work that your organization normally performs with its company personal.

Utilities, Plumbing, Heating, Cooling, & HVAC

List the major projects your organization has in progress or has completed in the past five years, owner, contact amount, date/expected completion, percentage performed with its company personal

New Mexico Hispanic Cultural CTR - \$1.8 million - completed
TVI Westside School - \$1.4 million – complete 3/31/03
Laguna / Acoma Junior/Senior High School - \$1.7 million – complete 8/2003
Espanola Middle School - \$1 million – complete 8/2003

List your Trade References

FSA Construction
Jaynes Corp
Bradbury & Stamm Const
Gerlad Martin LTD

List your Surety company or your banking affiliates.

Federated Insurance

What is your organization's current bonding rate? 7 million
 Single Aggregate _____

Has your firm entered into a contract that had to be completed by your surety within the past five years?

Yes No

List your Contractor's New Mexico license classification(s):

022942 MM 98

Safety History:

List your firm's: Workmen's compensation Experience Modification Rate (EMR), Total recordable Injury/Illness case rate, and Lost workday case rate for the current period (calendar year to-date) and the previous three year period.

Self Insured _____ MCA of New Mexico _____ Albq, NM _____
 .81 modifier _____ Work Lost _____ 1-2001 _____

Rate Type: Interstate _____, In-State , Monopolistic _____

Insurance Carrier:

Federated Insurance

What is your firm's North American Industrial Classification System (NAICS) code?

Unknown

Check all that apply to your organization. Provide certification if 8(a) Certified or Small Disadvantaged.

- Woman owned Small Business Small Disadvantaged 8(a) Large Veteran
 Disabled Veteran HUBZone

Present number of employees

1-20

21-40

41-60

61-100

Over 100